Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Renee Savage, Ticket Administrator Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510.383.4801 rsavage@coliseum.com Date of Original Filing: . (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes No 🗆 Event Description: Luis Conriquez Date(s) 10 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No 🗆 If no: _ Name of Source If yes: Iglesias, Chris Was ticket distribution made at the behest Yes ■ No □ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number В. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other III Income ___ Rodiguez, Fernando 11 If checking "Ceremonial Role" or "Other" describe below:

C. Name of Outside Organization (include address and description)

Number of Ticket(s)/ Passes

Describe the public purpose made pursuant to the agency's policy

Verification

4. Verification			
I have read and understand FPPC Regulat with the requirements.		have verified that the distribution set for	th above, is in accordanc
Live angl Ren	nee Savage	Ticket Administrator	10.21.22
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Print

Clear

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

to provide opportunities to community groups

Other

Income

Ceremonial Role

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Renee Savage, Ticket Administrator Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 rsavage@coliseum.com Date of Original Filing: _ (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes ■ No □ Date(s) 10 / 13 / Event Description: DOI Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes No 🗆 Name of Source If yes: Gardner, Henry Was ticket distribution made at the behest Yes ■ No □ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other I Income | Oliver, William 6 If checking "Ceremonial Role" or "Other" describe below: to provide opportunities to community groups Ceremonial Role Other ___ Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4.	Verific	ation
T.	A CI III C	ation

Lhave read and understand FPPC Regulation	s 18944.1 and 18942.	I have verified that the di	stribution set forth above,	is in accordance
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serve avag	Renee Savage	Ticket Administrator
Signature of Agency Head or Designe	e Print Name	Title

10.1.22 (month, day, year)

Comment:

Agency Report of:

C	eremonial Role Even	ts and Ticket/F	Pass Distr	ibutions		A Public Document
1.	Agency Name		Date Stamp	California Form 802		
	Oakland Alameda County C	Coliseum Authority		Form OUZ		
	Division, Department, or Reg	ion (if applicable)	†	For Official Use Only		
	Renee Savage, Ticket Adm	inistrator				
	Designated Agency Contact				+	
	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,				
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)
	510.383.4801	rsavage@coliseun	n.com		Date of Original Filing	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$ _	62.50
	Event Description: DOI		1000 CONT.		14	
	Event Description:	Provide Title/ Expla	anation L	Date(s)		/
	Ticket(s)/Pass(es) provided	¥		f no:		
	(-),(),	.,	- 140 -		Name of Source	
	Was ticket distribution made	at the behest Yes	■ No□ I	f yes: Hauber	t, David Official's Name (Last, First)	
	of agency official?				Official's Name (Last, First)	
_						
3.	Recipients					
	Use Section A to identify the agen	cy's department or unit.	Use Section B to i	dentify an individu	ual. Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe th	e public purpose made pu	ursuant to the agency's policy
			Passes			
	B. Name of Indi		Number of Ticket(s)/		Identify one of the	following:
	(Last, First	st)	Passes			
				Cerem	nonial Role Other	Income
	Tiffany, Michael		16 suite	If check	king "Ceremonial Role" or "Other" d	escribe below:
				to provide o	pportunities to comm	unity groups
				Cerem	nonial Role Other	Income
				If check	king "Ceremonial Role" or "Other" d	
	Name of Outside Or	ganization	Number	2		
	C. (include address and		of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
4.	Verification					
	I have read and understand FP	PC Regulations 18944	1 1 and 18042	I have verified t	that the distribution set	forth characteristic accordance
_	with the requirements.	O Negalations 10044	r. 1 and 10342.	r nave vermeu t	nat the distribution set i	orth above, is in accordance
	Rover Darros	Renee Savag	ne.	Ticke	t Administrator	10.1.22
/	Signature of Agency Head or Designation		rint Name		Title	
		9. € Ja	noned Artest (Asset)		nuo	(month, day, year)
	Comment:					

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	A	N Public Document
-	Agency Name		Date Stamp	0.00		
	Oakland Alameda County C	coliseum Authority				Form 802
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Renee Savage, Ticket Admi	nistrator				
	Designated Agency Contact	(Name,Title)			1	
					Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			1	The state of the s
	510.383.4801	rsavage@coliseum	.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				20.50
	Does the agency have a tick	ket policy? Yes I	■ No □ F	ace Value of	Each Ticket/Pass \$ _	62.50
	Event Description: DOI			Date(s) 10	<u>, 13 , 22 </u>	1 1
		Provide Title/ Explain	nation	(-)		
	Ticket(s)/Pass(es) provided	by agency? Yes		f no:	Name of Source	
	Was ticket distribution made	at the behest Ves	■ No□ I	f yes: Muranis	shi, Susan	
	of agency official?	Tes I	INO L	,	Official's Name (Last, First)	
_						
3.	Recipients					
	Use Section A to identify the agen	cy's department or unit. •		dentify an individ	ual. Use Section C to ident	fy an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe th	ne public purpose made pu	rsuant to the agency's policy
			Passes			
	B. Name of Indi	vidual	Number of Ticket(s)/		Identify one of the	following:
	(Last, Firs	st)	Passes		racinally one of the	lollowing.
	0			1000 100 10	nonial Role Other	Income
	Santos, Brian		16 suite		king "Ceremonial Role" or "Other" de	
	-			to provide o	pportunities to comm	unity groups
					nonial Role Other	
				II checi	king "Ceremonial Role" or "Other" de	scribe below:
			Number			
	C. Name of Outside Or (include address and		of Ticket(s)/	Describe th	e public purpose made pu	rsuant to the agency's policy
			Passes	Harmon Spills		
_	Vauification					
4.	Verification	DC Bosulations 40044	4 4 400 40	/ L		
_	I have read and understand FP with the requirements.	- o Regulations 18944.	. i and 18942.	nave verified i	tnat the distribution set f	orth above, is in accordance
A	MIN YIMIN	Renee Savag	е	Ticke	et Administrator	10.1.22
	Signature of Agency Head or Designation		int Name		Title	V2000 V30 V30 V30 V30 V30 V30 V30 V30 V30
					ine	(month, day, year)

Comment: _

Clear

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions	A	A Public Document
1. Agency Name	Date Stamp	California 802
Oakland Alameda County Coliseum Authority		Form OUZ
Division, Department, or Region (if applicable)		For Official Use Only

	Agency Name				Date Stamp	Form 802
	Oakland Alameda County C	coliseum Authority				
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Renee Savage, Ticket Admi	inistrator				
	Designated Agency Contact	(Name, Title)				
	Area Code/Phone Number	E-mail			Amenament (Must F	Provide Explanation in Part 3.)
	510.383.4801	rsavage@coliseum	.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				TO SENSO AND A SENSO ASSOCIATION OF THE SENSON OF THE SENS
	Does the agency have a tick	ket policy? Yes I	■ No □ F	ace Value of	Each Ticket/Pass \$ _	150.00
	Event Description: Mary J E	Provide Title/ Explai	nation [Date(s)	<u>/ 06 / 22 </u>	/
	Ticket(s)/Pass(es) provided			f no:		
	ricket(3)/r ass(es) provided	by agency: 1es			Name of Source	
	Was ticket distribution made	at the behest Yes	■ No□ I	f yes: Hauber	t, David	
	of agency official?	1001	INO L		Official's Name (Last, First)	
3.	Recipients					
	Use Section A to identify the ager	ncy's department or unit. •	Use Section B to i	identify an individ	ual. Use Section C to identi	fy an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/	Describe th	ne public purpose made pu	rsuant to the agency's policy
			Passes			, , , , , , , , , , , , , , , , , , , ,
	R Name of Indi	vidual	Number			
	B. Name of Indi		of Ticket(s)/ Passes		Identify one of the	following:
				Ceren	nonial Role Other	Income
	Frost, Cesley		2	1	king "Ceremonial Role" or "Other" de	
	4 20			to promote	the coliseum complex	to maximize revenues
					- 1711	
				Service Control	nonial Role Other Other Other Other Other Other Other Other Other	
				507-21-50-51-2		
			Number			
	C. Name of Outside O (include address and		of Ticket(s)/	Describe th	ne public purpose made pu	rsuant to the agency's policy
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	description	Passes			
			1			
Į.	Verification					
	I have read and understand FF	PPC Regulations 18944	1.1 and 18942.	I have verified	that the distribution set t	forth above, is in accordance
,	with the requirements.					
(Kinu Jana	Renee Savag	je	Ticke	et Administrator	10.1.22
	Signature of Agency Head or Design	e P	rint Name		Title	(month, day, year)
	Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Renee Savage, Ticket Administrator Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: -510.383.4801 rsavage@coliseum.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes No 🗆

Yes No 🗆

Provide Title/ Explanation

Event Description: Mary J Blige

with the requirements.

Comment:

Signature of Agency Head or Designee

Ticket(s)/Pass(es) provided by agency?

	cipients • Section A to identify the agency's department or uni	t. •Use Section B to i	dentify an individual. Use Section C to identify an outside organization.
A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Igle	esias, Chris	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: to promote the coliseum complex to maximize revenues
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Ticket Administrator

If no:

Print

Clear

Renee Savage

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

10.1.22

(month, day, year)

	gency Report of: eremonial Role Even	its and Ticket/F	ass Distri	ibutions	Α	Public Document	
1.	Agency Name				Date Stamp	California 802	
	Oakland Alameda County C			ALTERNATION CONTRACTOR OF THE PERSON			
	Division, Department, or Reg					For Official Use Only	
	Renee Savage, Ticket Adm Designated Agency Contact						
	Designated Agency Contact	(Name, Title)					
	Area Code/Phone Number	E-mail			Amendment (Must P	rovide Explanation in Part 3.)	
	510.383.4801	rsavage@coliseum	.com		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation				6 200 CAROL	
	Does the agency have a tic	ket policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$	150.00	
	Event Description: Mary J E	Blige	<u>/ 06 / 22 </u>				
	Ticket(s)/Pass(es) provided	Provide Title/ Expla	nation				
	ricket(s)/r ass(es) provided	by agency: Yes	■ No □ If	110.	Name of Source		
	Was ticket distribution made	e at the behest Yes	□ No 🔳 If	yes:	Official's Name (Last, First)	1	
	of agency official?				Cindid S Harris (Edds, 1 Way)		
3.	Recipients • Use Section A to identify the ager	ncy's department or unit.	Use Section B to i	dentify an individ	ual. Use Section C to identif	y an outside organization.	
	A. Name of Agency, Depart	Number of Ticket(s)/ Passes			suant to the agency's policy		
	B. Name of Ind		Number of Ticket(s)/		Identify one of the f	ollowing:	
	(Last, Fir	'St)	Passes	0	- LIBI D on T		
	Baker, Chuck		2		nonial Role Other Minds (Ceremonial Role" or "Other" des		
				to promote	the coliseum complex	to maximize revenues	
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nonial Role Other king "Ceremonial Role" or "Other" des		
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's poli		
4.	Verification						
	I have read and understand FF with the requirements.	PPC Regulations 18944	.1 and 18942.	I have verified t	that the distribution set fo	orth above, is in accordance	
(Kinu Dava	Renee Savag	je	Ticke	et Administrator	10.1.22	
	Signature of Agency Head or Design		rint Name		Title	(month, day, year)	

Comment: _

Clear

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Renee Savage, Ticket Administrator Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 rsavage@coliseum.com Date of Original Filing: -(month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes No 🗆 Date(s) ______/ Event Description: Mary J Blige Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes No 🗆 Name of Source Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other I Income If checking "Ceremonial Role" or "Other" describe below: Gardner, Henry 4 to promote the coliseum complex to maximize revenues Ceremonial Role Income ___ Other _ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification

1	have read and understand FPPC	Regulations 1	18944.1	and 1	8942.1	have	verified that	the	distribution	set fo	rth above	e, is ir	accorda	ince
TA	ith the requirements													

-Renee Savage

Ticket Administrator

10.1.22

Comment:

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Renee Savage, Ticket Administrator Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 rsavage@coliseum.com Date of Original Filing: .. (month, day, year) 2. Function or Event Information 150.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes No 🗆 Event Description: Mary J Blige Date(s) _10 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes No 🗆 Name of Source If yes: Gardner, Henry Was ticket distribution made at the behest Yes Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other III Income Linton, Donna If checking "Ceremonial Role" or "Other" describe below: 2 to promote the coliseum complex to maximize revenues Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Verification

Thave read and understand FPPC	Requiations 18	8944.1 and	18942. I nave	verified that the	distribution set t	orth above	is in accordance
		mater resources internet	The second second second			0,11, 0,0000,	io iii abboi aaribo

I have read and understand FPPC Regulat with the requirements.		have verified that the distribution set fort	th above, is in accordance
Rence Javagle	nee Savage	Ticket Administrator	10.1.22
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Print

Clear

. Agency Name		T		Public Document		
- ·	Date Stamp	California 802				
Oakland Alameda County Coliseum Au Division, Department, or Region (if application)			For Official Use Only			
10)50 (4.0)						
Renee Savage, Ticket Administrator Designated Agency Contact (Name, Title)						
Designated Agency Contact (Name, Title)						
Area Code/Phone Number E-mail			Amendment (Must P	rovide Explanation in Part 3.)		
CONTRACTOR DESCRIPTION TO SECURITION OF THE SECU	Control of the American Control of Control o			Date of Original Filing:		
. Function or Event Information						
Does the agency have a ticket policy?	Yes ■ No □ F	ace Value of F	ach Ticket/Pass \$	150.00		
Event Description: Mary J Blige	e Title/ Explanation	Date(s)/_	00 / 22	/		
Ticket(s)/Pass(es) provided by agency?	1071	f no:				
			Name of Source			
Was ticket distribution made at the beha-	est Yes ☐ No 🕌 🏻	f yes:	Official's Name (Last, First)			
of agency official?			Omolara Namo (Last, Filst)			
Use Section A to identify the agency's department Name of Agency, Department or Unit	Number			suant to the agency's policy		
B. Name of Individual	Number of Ticket(s)/		Identify one of the fo	ollowing:		
B. Name of Individual (Last, First)		Ceremo				
	of Ticket(s)/		Identify one of the formula Role Other grant Grant Role of the formula Role of the for	Income		
(Last, First)	of Ticket(s)/ Passes	If checkin	nial Role Other g	Income		
(Last, First)	of Ticket(s)/ Passes	to promote the	nial Role Other g	Income control income		
(Last, First)	of Ticket(s)/ Passes	to promote the Ceremo	nial Role Other grant Ceremonial Role of "Other" des	Income control income		
(Last, First) Miley, Nate Name of Outside Organization	of Ticket(s)/ Passes 4 Number of Ticket(s)/	to promote the Ceremo	nial Role Other grant Ceremonial Role of "Other" des	Income scribe below: to maximize revenues Income scribe below:		
(Last, First) Miley, Nate C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes 4 Number of Ticket(s)/ Passes	to promote the Ceremon of the Ceremo	nial Role Other g "Ceremonial Role" or "Other" des	Income corribe below: to maximize revenues Income corribe below:		
(Last, First) Miley, Nate C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes 4 Number of Ticket(s)/ Passes	to promote the Ceremon of the Ceremo	nial Role Other g "Ceremonial Role" or "Other" des	Income corribe below: to maximize revenues Income corribe below:		

Comment: __

Clear

Agency Report of: Ceremonial Role Eve	nts and Ticket/	Pass Distri	butions	Α	Public Document	
. Agency Name				Date Stamp	California 802	
Oakland Alameda County	Coliseum Authority		WALKER STATE OF THE STATE OF TH			
Division, Department, or Re		1	For Official Use Only			
Renee Savage, Ticket Administrator						
Designated Agency Contact (Name, Title)						
200.g				Amendment (Must Pr	rovide Explanation in Part 3.)	
Area Code/Phone Number	E-mail					
510.383.4801	rsavage@coliseur	m.com		Date of Original Filing:	(month, day, year)	
. Function or Event Info	ormation				137.50	
Does the agency have a t	icket policy? Yes	No D F	ace Value of	Each Ticket/Pass \$	107,00	
Event Description: Wu Ta	ing & Nas	D	ate(s) 10	<u></u>		
Event Description.	Provide Title/ Exp	lanation	16 (18)			
Ticket(s)/Pass(es) provide	ed by agency? Yes	No 🗆 If	no:	Name of Source		
Was ticket distribution ma of agency official?	de at the behest Yes	s□ No□ ^{If}	yes:	Official's Name (Last, First)		
B. Recipients • Use Section A to identify the a	gency's department or unit.		dentify an individ	ual. Use Section C to identif	y an outside organization.	
A. Name of Agency, D	epartment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy	
B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:		
Baker, Chuck		4	1	emonial Role Other Income Income Cocking "Ceremonial Role" or "Other" describe below:		
		7	to promote	the coliseum complex	to maximize revenues	
,				monial Role Other C eking "Ceremonial Role" or "Other" de		
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe ti	Describe the public purpose made pursuant to the agency's policy		
4. Verification I have read and understand	FPPC Regulations 189	44.1 and 18942.	I have verified	that the distribution set for	orth above, is in accordanc	
with the requirements.	Renee Sav			et Administrator	10.1.22	
Signature of Agency Head or De		Print Name		Title	(month, day, year)	

Comment: _

Clear